POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*d.*	60961	5/12/99
O.I.P.E. CLASSIFIER		59	15/3
FORMALITY REVIEW	PJ	70556	5-20-99
	W	67979	10 10 00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date										Claim		Date										Claim		Date								
Final	Original	4/9/01	12/71/60	6/28/63								Final	Original											Final	Original									
1	✔	✔	✔									51												101									
2	✔	✔	✔									52												102									
3	✔	✔										53												103									
4	✔	✔	✔									54												104									
5	✔	✔	✔									55												105									
6	✔	✔	✔									56												106									
7	✔											57												107									
8	✔	✔	✔									58												108									
9	✔	✔	✔									59												109									
10	✔	✔	✔									60												110									
11	✔	✔	✔									61												111									
12	✔	✔	✔									62												112									
13	✔	✔	✔									63												113									
14	✔											64												114									
15	✔	✔	✔									65												115									
16	✔	✔										66												116									
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18		✔										68												118									
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49												99												149									
50												100												150									

If more than 150 claims or 10 actions
staple additional sheet here

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